

SPECIAL USE REQUEST FORM

Employee Title	Last Name	First Name	Middle Initial
Vehicle No.	Department	Division	Social Security No.

Employee Address: _____

Explain why vehicle is taken home: _____

Is this commuting recorded and included in the employee's yearly wage calculations?

Yes _____ No _____ (Check one)

If No, explain why not (must comply with IRS guidelines): _____

Additional Comments: _____

SIGNATURE

DATE

Department Head		
Administrative Assistant		
Employee		

Submit original to Fleet Services and copy to Auditors Office and Payroll Manager